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Is Evolution Trying to do away
with the Clitoris?

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IS EVOLUTION TRYING TO DO AWAY WITH THE CLITORIS?¹

ABOUT eighty per cent of all Aryan American women have adhesions which bind together the glans of the clitoris and its prepuce, in part or wholly, and which cause little or much disturbance. This condition very evidently represents a degenerative process that goes with higher civilization, and it dates back to the embryonic life of the individual and consists anatomically in a failure of the genital eminence to develop its epithelial surfaces perfectly enough for complete cleavage between the opposed surfaces of the prepuce and the glans of the clitoris.

Up to the present time we have recognized four well-marked evidences of degeneration that are characteristic of the highly civilized varieties of *homo sapiens*—namely, early falling hair, decaying teeth, imperfectly developed corneas, and badly balanced eye muscles. To this group we may add a fifth characteristic, the imprisonment of the glans clitoridis.

Preputial adhesions in women are similar in character to those which occur less frequently in men, and the resulting disturbances are alike in both sexes, but greater in degree in women because of the more impressionable nervous system of the gentle sex.

Adhesions may bind down the prepuce so closely that not a particle of the glans clitoridis is in sight. They may involve half of the glans, or they may form only a small band which amounts simply to an anatomical curiosity. The curiosity is serious in portent, however, for Nature, in failing per-

¹ Read at the meeting of the American Association of Obstetricians and Gynecologists, St. Louis, Mo., September 21st, 1892.

sistently to develop the part, shows that it is intended to do away with the clitoris as civilization advances.

We may naturally infer that as the clitoris degenerates sexual desire lessens, and we have then more of the independent type of women who are instinctively opposed to becoming "breeders." The question would lead to a very pleasing thought to the effect that selective breeding is to be done more and more, the selections guided by the intellectual rather than the emotional set of faculties. Unfortunately, however, the adherent prepuce produces such an impression upon the nerve centres that degeneration of the whole sexual apparatus of the woman may follow, and we then begin to see



FIG. 1.



FIG. 2.

FIG. 1.—Miss A. Prepuce firmly adherent to glans, allowing only the tip of the glans to protrude, and imprisoning small, hard particles of smegma.¹

FIG. 2.—Miss A. Prepuce stripped from glans.

the limitations to development of our race. We know already that the proportion of white women with normal sexual organs is small.

The glans clitoridis compressed among adhesions fails to develop and remains small and compressed. The glands of the mucous membrane of the prepuce also fail to develop at points of adhesion. It is a remarkable fact, however, that when adhesions have been separated and the prepuce prevented from readhering to the glans of the clitoris, the glans will in a few weeks develop to what is apparently a normal

¹ Photomicrographs by Dr. J. C. Smith, Laboratory of the New York Post-Graduate Medical School.

size. The glands of the mucous membrane at the same time become perfect and furnish abundant normal secretion, and these restorative changes take place after years of repression. I know of nothing analogous among the higher vertebrata.

In negresses the glans clitoridis is free and the prepuce not adherent, excepting in a few individuals who probably possess a large admixture of white blood.

In highly domesticated animals the glans clitoridis is free and the prepuce not adherent, with a few exceptions which are of such character as to have no bearing upon my subject.

I presume that the glans clitoridis is free in wild tribes generally, but my attempts at getting data from the Indians



FIG. 3.



FIG. 4.

FIG. 3.—Miss B. A deceptive case. Glans apparently free on casual inspection, but its base tightly adherent with prepuce, and inspissated smegma retained. Prepuce drawn up as far as possible.

FIG. 4.—Miss B. Adhesions separated and prepuce drawn up.

are as yet a failure, because agency physicians to whom I referred state that Indian women would not allow them to collect statistics such as we wanted.

Some of the phenomena of physical degeneration of civilized races are of interest only as evidences of retrogression, but preputial adhesions in women are malevolent in influence when they involve much of the glans of the clitoris.

The disturbance caused by preputial adhesions depends primarily upon irritation of the terminal branches of the pudic nerve in the attempt of an erectile glans clitoridis to adjust itself to less elastic surroundings, and it depends secon-

darily upon the irritation caused by retained secretions. The retained smegma is usually found in the form of small, white, inspissated particles, but sometimes a small area of developed glands secrete enough to make tension among adhesions, and when retained smegma happens to become transformed into an acrid, thin fluid it may leak out gradually and cause pruritus or even excoriations about the vulva. Cases of the latter sort are not common, and it is in only a small proportion of the cases that enough glands develop under adhesions to se-



FIG. 5.—Mrs. C. Section through glans clitoridis and prepuce, showing normal mucous membrane of each.

crete any important amount of smegma. The simple incarceration of the erectile glans of the clitoris is sufficient to account for most of the disturbances.

Irritation of the clitoris, from whatever cause, attracts attention to the part and leads early to desire for masturbation and to perverted sexual desires of various sorts. Those of us who do not hide our heads in the sand know that boys and girls naturally begin sexual life as masturbators. Among boys there are traditions to the effect that self-abuse is harmful, so that about the only boys who injure themselves badly

by masturbation are the ones whose parents keep them away from other boys for fear that they may learn bad habits, and the boys who live in thinly settled country districts. Among girls, however, there are no such saving traditions, and when preputial adhesions call the girl's attention to the clitoris she may become a persistent masturbator without leading the family to suspect what she is doing, and in many cases not knowing that she is doing herself damage.

One of my patients, who is a devout church member, had never allowed herself to entertain sexual thoughts referring

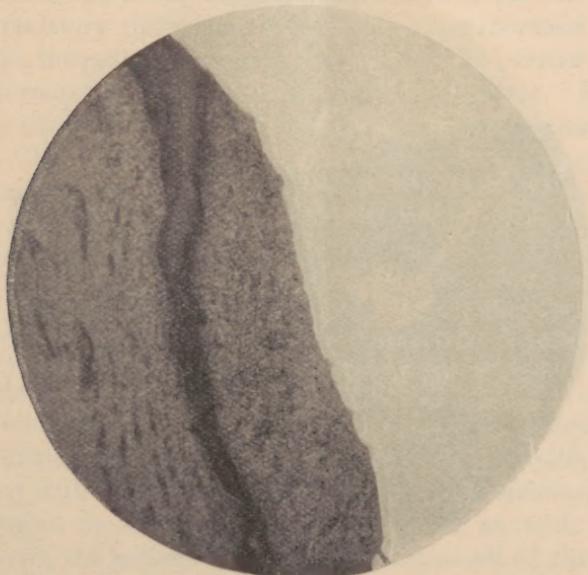


FIG. 6.—Mrs. D. Section through adherent glans clitoridis and prepuce, showing undeveloped mucous membranes along either side of the dark adhesion line, which represents a heterogeneous mass of irregularly disposed epithelium cells.

to men, but she masturbated every morning, when standing before the mirror, by rubbing against a key in the bureau drawer. A man never excited her passion, but the sight of a key in any bureau drawer aroused erotic desires. Another patient had a craving to stick the neck of a small vial into the urethra and keep it there all day. Another was excited by the sight of the soft rubber end of a lead pencil. These strange cravings and also the commoner simple desire for frequent masturbation disappear at once upon separation of

the' prepuce from the 'glans clitoridis. In making inquiries it is always necessary to state to the patient that we find signs of irritation, and the patient then, knowing that we have a clue to her habits, will freely tell what she would otherwise hide. The results of such questioning are astonishing, to me at least. I need not go into details of the repelling part of the subject, but will state that it is high time for us to have special teachers to go about among the girls' schools and teach the pupils the most important thing that



FIG. 7.—Miss E. Section through adherent glans clitoridis and prepuce similar to Fig. 6, but showing one of the spaces which was probably filled with retained smegma.

they could learn at school. The teacher should be a female physician, for she will not only have to make explanations, but will have to separate adhesive prepuces in almost all of the scholars. The separation of adhesive prepuces in young unmarried women should be done by female physicians any way, and such physicians can be abundantly occupied with this sort of work.

As a result of continued adhesion irritation, or of masturbation, one or both, the second series of disturbances appear—the reflex neuroses—and in this group of symptoms

we have the most complicated and the most hurtful of the influences emerging from the peripheral irritation at the clitoris.

Chronic peripheral overstimulation of the centripetal nerves connected with the centres of the spinal cord and brain lead, in ordinary concatenation, first to acute reflex demonstrations, then to slow degenerative changes in sympathizing organs, and finally to further complications dependent upon the diseased or functionally disturbed organs. For instance, if clitoris irritation leads to relaxation of the uterine ligaments, and the succeeding malposition of the uterus leads to circulatory disturbances that cause degeneration of the ovaries, the patient may suffer more from the ovarian complication than from the causes of her ovarian disease. Removal of her diseased ovaries will not make her a well woman, however. The fast-growing girl with preputial adhesions may become languid enough to sag into scoliosis, and her lassitude, increased by masturbation, makes it difficult to stop the scoliosis, which is but a symptom in her case, until muscular relaxation is prevented by removal of first and second causes. The young asthmatic, the girl whose uterus droops until it curls up in anteflexion upon the pelvic floor, the patient who is listless and fretful and fanciful as to her food, the patient with enuresis, the patient with dysuria or with menstrual irregularities, the cataleptic, the hysterical, the epileptic, the patient with nervous dyspepsia or spasmodic stricture of the esophagus or simulated hip-joint disease or with pseudoparalysis, the patient with sick-headache—all of these must be examined by the diagnostician for preputial adhesions. It is quite true, of course, that all of these symptoms may proceed from other peripheral irritations—from heterophoria very often indeed—but nevertheless the clitoris must be examined as a matter of routine.

Before neurotic habits have become established the symptoms which are dependent upon preputial adhesions will disappear as quickly as does the sciatica that is dependent upon Dupuytren's contraction, or the cough that is dependent upon a bean in the ear, when the causes are removed. With older patients in whom neurotic habits have become established the results are not so immediate nor so brilliant.

Baker Brown, I believe, was very near the subject of clitoris adhesions when he published his work "On the Cura-bility of Various Forms of Insanity, Epilepsy, Catalepsy, and Hysteria," but his method consisted, not in separation of adhesions, but in bodily removal of the offending clitoris; and he found so many cures resulting from the treatment that he was led astray, as many pioneers are, and amputated the clitoris so often that he was expelled from the London Obstetrical Society in 1867. If he had observed the rôle that clitoris adhesions play he would not have fallen into disrepute, because his work, where useless, would certainly have been harmless.

It is strange that the subject has been overlooked by so many sharp-eyed gynecologists; but the clitoris is small and they were after larger game. I doubt if there is a man in this audience who knows if there is a large hole in his left-hand trousers pocket.

I have made a search of medical literature with the aid of the "Index Medicus," and the "Index Catalogue" of the Surgeon-General's office, but have failed to find anything of importance upon the subject of preputial adhesions in the female.

Dr. B. Merrill Ricketts, in his noteworthy paper on circumcision, says, referring to preputial adhesions: "Hystero-epilepsy is a result found in boys and girls alike. No girl or boy should be allowed to become one month old without a thorough examination of the genitals having been made. In many of these cases in girls, or even in women, adhesions, growths, or malformations are the source of the irritation and should receive immediate and radical attention."

Dr. C. N. Jones, of Brooklyn, in one of his osteotomy reports, states incidentally that all of the patients with bow-legs and knock-knees had preputial adhesions (a coincidence in signs of degeneration probably, and not relation of cause and effect).

Remondino, in his "History of Circumcision," says: "The idea of masturbation or of irritation of the genitals ending in reflex neuroses is always, as a rule, associated with the male, and that it has not been associated with the female has

deprived her of the same benefit that the prosecution of the study in this regard has been to the male sex."

Dr. M. F. Price, in a paper read before the American Medical Association in 1874, incidentally refers to the case of a young girl, ill developed, who had neither walked nor talked, and who on examination by Dr. L. A. Sayre was found to have preputial adhesions with retained secretion. This, Dr. Sayre thought, accounted for the child's condition.

The above quotations include all that I could find upon the subject through the aid of the two great bibliographies, and yet there are thousands upon thousands of women in this country who are suffering from reflex neuroses that are directly and solely dependent upon preputial adhesions. It has now been determined that many of the school boys who are known to be bright and yet who cannot study have errors of refraction or heterophoria, and that they are repulsed by print without knowing why. The boy who finally becomes the expert baseball pitcher might become an Alexander von Humboldt if his eyes were only properly cared for. As a parallel we can now learn that the girl who becomes irritable, disagreeable, and hysterical may become charming, interesting, and possessed of all feminine graces when her prepuce is forcibly peeled away from the glans of the clitoris, and we have made a distinct step forward in civilization when this fact is generally appreciated by the profession. The importance of preputial adhesions in the female will be underestimated by some observers and overestimated by others, just as is the case with heterophoria; but those of us who try to take a mean position will know that while some patients are strong enough to withstand one or both of these conditions for a lifetime, there are countless numbers who sink beneath the load that seats itself so insidiously that the patient herself does not realize what she is carrying until neurasthenia unturns the resisting power. The weighty Hibernian woman who pins her skirt up at the bottom at 6 o'clock in the morning, and who, besides doing a hard day's washing, gets three meals for the family, milks four goats, and drags the old man out of the house, is not disturbed much by preputial adhesions, decayed teeth, prolapse of the uterus, hernia, and a number

of other complications that would send a fragile girl to the mad-house.

My attention was first attracted to the subject of preputial adhesions in women by a case of nymphomania in a young unmarried woman. The nymphomania had existed for about eight years, and the patient, who was a refined and educated woman, finally gave up in despair and confined herself to the house, not caring to meet people, and declaring that, as the best physicians had tried to help her, there was no use for further attempts. The uterus was low and anteflexed, and she had received all sorts of orthodox treatment directed toward the uterus. The case seemed to be one in which there was peripheral irritation somewhere, and, after a search along that line, I finally discovered that the patient's prepuce was firmly adherent to the glans clitoridis. The prepuce was stripped from the glans and the nymphomania disappeared at once. The uterus, after a little attention, remained in place as it never had done before, and the patient is now spirited and rosy, engaging in horseback riding, tennis, walking, and all of the pleasures of her companions. After this experience I examined and cared for a very large and miscellaneous lot of neurotic cases, giving attention to preputial adhesions, and it has certainly been a revelation to find what proportion of the cases are partially or wholly dependent upon chronic disturbance of the clitoris. One of the striking cases was that of a young epileptic girl 12 years of age. I had previously sent her back to the family physician, informing him that as my practice was confined to surgery I could not accept the patient. Little did I think at that time that the case was purely a surgical one; but later, when the child was again sent for, it was found that she had a tightly adhering prepuce and that she was a persistent masturbator. The patient was not taking any medicine and was having three and four attacks of grand mal weekly. Preputial adhesions were separated and the epileptic attacks stopped immediately. At the end of a month she had another attack, and then four more in rapid succession. On examination the prepuce was found to be as firmly adherent as it was at first. It was again separated, and the patient has had no more attacks to date—two weeks elapsed. This is not one of the cases in which "any

operation" will temporarily stop the attacks, because the operation is too slight to deserve the dignity of the name. This patient has no epileptic attacks when the prepuce is free, and she has the attacks when it is adherent to the glans clitoridis.

After separation of preputial adhesions there is a marked tendency for them to recur, and women whose hopes are raised by disappearance of the old irritation and a subsidence of reflexes are often very much depressed by the return of all symptoms. This can be avoided if the prepuce is stuffed with bichloride gauze at intervals of two or three days, until the appearance of normal smegma shows that the mucous surfaces have developed sufficiently to care for themselves. The method of separating adhering prepuces consists in first washing the vulva with bichloride of mercury solution. A couple of drops of cocaine solution are then thrown into the glans clitoridis through a hypodermic needle, and four or five drops more are thrown anywhere into the prepuce. If one margin of the prepuce is then seized with fixation forceps, the thumb nail will easily complete the work of clearing the glans. Raw surfaces are then sprinkled with aristol and the prepuce packed with a little ball of gauze.

Finally, allow me to say that I have found numbers of women, with all sorts of reflex neuroses, in whom the glans clitoridis was fully developed and free from any important adhesions; so we can readily perceive that, influential as preputial adhesions are, they form only one factor in the great group of peripheral irritators.

SUMMARY.

1. The prepuce and the glans clitoridis are bound together by adhesions, partly or completely, in about eighty per cent of all Aryan American women.
2. Preputial adhesions are rare among negresses, and seem to occur in only a few of the individuals possessing a large admixture of white blood.
3. Highly developed domesticated animals do not present examples of the degeneration, so far as the author's observation has gone.
4. When preputial adhesions are extensive the glans clitoridis and the imprisoned mucous glands remain undeveloped,

but they may develop later when the physician has separated adhesions.

5. The failure of the embryonic genital eminence to properly develop the prepuce and glans clitoridis for perfect cleavage undoubtedly means that Nature is trying to abolish the clitoris as civilization advances.

6. The degenerative process represented by preputial adhesions is characteristic of the civilized type of *homo sapiens*, in which we find decaying teeth, early falling hair, and imperfect corneas and eye muscles.

7. Preputial adhesions which involve small portions of the glans clitoridis are of interest simply as anatomical curiosities.

8. Preputial adhesions involving a large part or the whole of the glans clitoridis may cause profound disturbance, and they are among the most pronounced of the peripheral irritators. They cause desire for masturbation which leads to neurasthenia, and they are responsible for grave reflex neuroses.

9. Preputial adhesions probably form the most common single factor in invalidism in young women.

The clitoris is a little electric button which, pressed by adhesions, rings up the whole nervous system.

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